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Date: OCTOBER 3, 2005

To: EXAMINER BURCH, MELODY M.
U.S. PATENT AND TRADEMARK OFFICE

Fax #: (571) 273-8300

From: FRANK C. NICHOLAS
Phone #: (847) 424-2521

Client/Matter No.: DP-308943 (7500/227)

of Pages: 26

(including cover sheet)

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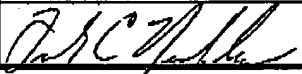
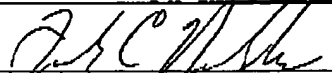
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<h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p style="text-align: center;">(To be used for all correspondence after initial filing)</p>	Attorney Docket No	DP-308943 (7500/227)	<div style="text-align: right;"> RECEIVED CENTRAL FAX CENTER OCT 03 2005 </div>
	Application Number	10/603,551	
	Filing Date	JUNE 25, 2003	
	First Named Inventor	MICHAEL J CHECK	
	Group Art Unit	3683	
	Examiner	BURCH, MELODY M	

ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Response to Notice of Noncompliant Amendment Dated September 20, 2006 <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Status Letter <input type="checkbox"/> Extension of Time Request (dupic) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement, PTO-1449, art <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Assignment Papers <input checked="" type="checkbox"/> Drawing: Replacement Sheet 5/7 <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Petition Routing Slip (PTO/SB69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request of Refund	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Notice of Appeal <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Post Card Receipt <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):	
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		<input checked="" type="checkbox"/>	The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. <u>50-1713</u> . A duplicate copy of this sheet is enclosed.
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	Claims After Amendments		Highest No Previously Paid For	Present Rate	Add'l Fee		Rate	Add'l Fee
Total		Minus		0	x \$25=	0	x \$50=	
Indep		Minus		0	x \$100=	0	x \$200=	
Fund Presentation of Multiple Dep. Claim					x \$180=	—	x \$360=	
				total add'l fee	\$ 0		total add'l fee	\$ 0

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual name	FRANK C. NICHOLAS Registration No. 33,983 CARDINAL LAW GROUP 1603 Orrington Avenue, Suite 2000 Evanston, IL 60201		
Signature		Date	<u>October 3, 2005</u>
CERTIFICATE OF FACSIMILE			
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Signature	 FRANK C. NICHOLAS (33,983)	Date:	<u>October 3, 2005</u>

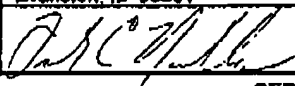

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Total		Minus		0	\$25=	0		\$50=	
Indep.		Minus		0	\$100=	0		\$200=	
First Presentation of Multiple Dep. Claim					\$180=	—		\$360=	
					TOTAL ADD'L FEE			TOTAL ADD'L FEE	
					\$ 0			\$ 0	

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FRANK C NICHOLAS (33,983)			